

assessment ranking showed that 46.2% of AEs were classified as probable, 35.9% possible and 7.9% certain. Based on severity of the AEs, 59.0% were classified as moderate 30.8% severe, 5.1% mild and lethal respectively. 87.2% of the AEs were assessed as possibly preventable. Assessment of outcomes showed that 94.9% of the patients recovered fully while 5.1% died. The organs/systems mostly involved in the adverse events were the CNS (headache, dizziness and body pain, 22.1%), cutaneous organ (rashes and itching, 19.6%) and respiratory system (Breathlessness and cough, 13.5%) Antihypertensives (76.8%), antibiotics (10%), antiretrovirals (7.7%) and cholesterol lowering agents (7.7%) were the most commonly implicated classes of drugs. **CONCLUSIONS:** The study shows that AEs constitute a significant cause of hospital admissions and a good number will likely develop during hospitalization. Intensive monitoring and evaluation of AEs is feasible and will likely provide a clearer picture of clinical outcomes.

PHP97

RACIAL/ETHNIC DISPARITIES IN DISABILITY PREVALENCE

Goyat R¹, Vyas A², Sambamoorthi U¹

¹West Virginia University, Morgantown, WV, USA, ²Rutgers University, Piscataway, NJ, USA

OBJECTIVES: Worldwide, the number of disabled individuals is used as a marker for population health status because of high morbidity and mortality burden associated with disability. Prior studies, which analyzed racial/ethnic disparities in individuals with disability, have limitations in regards to population, scope or were limited to individuals with chronic condition. The purpose of this study is to determine prevalence of disability in different racial/ethnic groups using a standard framework for disability. **METHODS:** A retrospective cross-sectional study design with data from 7,993 individuals aged above 21 years from 2012 National Health Interview Survey (NHIS) was adopted. Race/ethnicity was categorized into: 1) White; 2) African American; 3) Latino and 4) other. Disability was defined based on a standard set of questions about mobility, self-care, and cognition from the "Functioning and Disability" supplement of 2012 NHIS and it was grouped as: 1) No disability; 2) Moderate disability; and 3) Severe disability. Chi-square tests and multinomial logistic regressions were conducted to examine the association between race/ethnicity and disability. **RESULTS:** There were statistically significant racial/ethnic differences in disability status; 10.2% Whites, 14.8% African Americans, 8.1% Latino, and 6.7% other racial minorities had severe disability. Without adjustments for socio-economic status, African Americans were more likely to have severe disability than Whites (AOR=1.56, 95% CI=1.24, 1.95) and Latinos were less likely to have severe disability (AOR = 0.70, 95% CI=0.55, 0.90). After adjusting for socio-economic status, we did not observe statistically significant differences in disability status among African Americans and Whites. After adjusting for presence of chronic conditions, statistically significant differences in disability status among Latinos and Whites disappeared. **CONCLUSIONS:** Differences in prevalence of disability between African Americans and Whites can be partially explained by low socio-economic status of African Americans. Improving socio-economic status of African Americans may reduce racial disparities in disability prevalence.

PHP98

COMPARATIVE EFFECTIVENESS RESEARCH (CER) AND ITS EFFECT ON THE HEALTH CARE DECISION-MAKING ENVIRONMENT

Westrich KD

National Pharmaceutical Council, Washington, DC, USA

OBJECTIVES: Track the perceptions of key CER stakeholders about the current and future effects of CER on evidence generation and application for health care decisions. **METHODS:** Internet and mail survey of health care stakeholders, including government, health plans, researchers, human resources specialists, employers, and trade organizations, that are influential in or affected by CER; telephone follow-up to maximize response. **RESULTS:** Two-thirds of CER stakeholders say that the current CER evidence base is insufficient to support treatment decisions, but 90 percent remain committed to the importance of CER. This fifth survey in a series begun in 2010 found fewer respondents reporting no short-term effects of CER, but more than half of respondents believe that substantial improvement in decision-making based on CER will occur over the next 5 years. Almost three-fourths of respondents recognize PCORI's significance in funding and monitoring new research, nearly double the level five years ago. Respondents are more positive about research priorities; nearly 40 percent believe priorities somewhat/adequately reflect treatment choices faced by patients and providers, compared to only 22 percent two years ago. Just 9 percent believe that processes for interpreting evidence are fully transparent and objective, fewer than in the previous three surveys. Only about 25% of respondents report that real-world evidence or evidence about variability in individual patient response is being used to support treatment decisions. **CONCLUSIONS:** In successive surveys, CER stakeholders continue to look to a five-year horizon for significant effects from CER. They generally view the evidence base as incomplete, recognize the key players in generating new evidence, and understand the time needed for research in their projections of CER's impact. The relatively scarce use of real-world evidence and evidence about patient variability reflects their views about the completeness of the evidence base to support treatment decisions.

PHP99

EMERGENCY DISEASE SPECTRUM IN CHINA: BASED ON HOSPITAL DATABASE FROM BEIJING

Liu Y¹, Wu J², Zhang J²

¹Peking university, Beijing, China, ²306 hospital of PLA, Beijing, China

OBJECTIVES: This study is to analyze age, disease category, time of emergency treatment and regularity of visiting doctors in order to realize the distribution of disease spectrum and epidemiological analysis in emergency department in the top three hospital in China. **METHODS:** To select 29,654 cases in emergency department of hospital database of 2013. The top five emergency diseases were studied by retrospective research. Data analysis was performed with STATA software package. **RESULTS:** The majority of the

emergency cases were young people under 40 years old. Male patients (53.9%) were more than female patients. The frequency of emergency visit is 2.7 average per year, male patients get 3.0 visits more than female 2.4 visits. About 33.9% of patients at one's own expense. Diseases in the top five were respiratory disease, trauma, digestive system diseases, circulation system disease, urinary diseases, respectively. Respiratory disease was the leading member in the spectrum, accounting for 25.5%. Poisoning patients account for 1.6% of all emergency cases. Wounded patients mostly centralized from May to August, and the bottom periods of the treatment time appeared in midnight (0:00 – 6:00), accounting for 5.5%. **CONCLUSIONS:** Composition of emergency disease spectrum and characteristics of time distribution can help to develop new prevention and treatment strategies for improving quality and increase efficiency. The treatment for respiratory disease headed the list of emergency disease spectrum need to optimize medical resource utilization and process improvement.

PHP100

KEY TRENDS IN HEALTHCARE SPENDING IN BRAZIL IN 2015

Saggia M

Asigma, Sao Paulo, Brazil

OBJECTIVES: To identify the key trends in healthcare spending in Brazil in 2015. **METHODS:** Review of the Ministry of Health (for programs), Ministry of Planning (for budget) and World Bank (for GDP growth) reports as well as recently published financial information on Bloomberg and Valor (Brazilian newspaper) on Federal and States spending. **RESULTS:** The economic program established by the Brazilian government forecasts growth will return only in 2016. It is worth remembering that in 2014 the GDP growth in Brazil was very close to nil. In 2015, economists expect the GDP increase to be below 1%. The Ministry of Health budget in 2014 was US\$ 45.6 billion vs. 2015: US 41.2 billion, a 9.6% reduction caused by increased inflation and the devaluation of the Brazilian real against the American dollar. Moreover, with the reduction in the price of oil some states, such as Rio de Janeiro, might lose US\$ 750 million in royalties. In the private setting, ANS, the Federal agency that regulates private payers (HMOS, healthcare insurers, etc.), is getting ready this year to work on the update of the Minimum Mandatory Coverage List valid January 2016 on. In a sector in which 80% of the health plans are either collective (unions) or paid by companies, thus, dependent on the expansion of the economy, the willingness to pay for the incorporation of new technologies would probably be low. **CONCLUSIONS:** With a struggling economy ahead and consequently smaller budgets, not only does the Federal Government foresee adjustments in public spending but also do State Governments. Context indicates that dialogue and flexibility among healthcare players will be needed more than ever.

PHP101

COMPARATIVE EFFECTIVENESS, APPROVAL RATES AND PRICING OF DRUGS WITH FDA'S BREAKTHROUGH THERAPY DESIGNATIONS

Aggarwal S¹, Topaloglu H¹, Kumar S²

¹NOVEL Health Strategies, Chevy Chase, MD, USA, ²GLOBAL ACCESS Monitor, Bethesda, MD, USA

OBJECTIVES: In 2012, the United States Food and Drug Administration (FDA) created a new expedited pathway of "Breakthrough Therapy Designation" (BTD) to enable an early approval of therapies which have shown substantial activity in early trials. The objective of this study was to assess the comparative effectiveness and pricing of drugs with BTD. **METHODS:** The data for the number of granted BTDs was obtained from FDA.gov. The data for publically disclosed BTDs was obtained from sponsor's press releases. For all products, the information for their mechanism of action, type of molecule, trial design, clinical efficacy and safety, and pricing and time to approval (for approved products) were obtained from peer-reviewed publications, conference abstracts, FDA and sponsor websites. **RESULTS:** Since the establishment of the BTD pathway, 55 products have been granted breakthrough therapy designations (2012-2014), of which, 42 have been publically disclosed by the manufacturers and 6 have been approved by the FDA. In terms of indications, 43% are for cancer, 18% are for genetic diseases and 14% are for Hepatitis C Genotype 1. The median time to approval for these three drug was ~5 years, significantly shorter than the 2012 median time to approval for priority review applications (6 years). The price premium was 30-50%, compared to other drugs in the same category. The six approved BTDs show 20-30% higher response rates than other products in the same category. The other products in the pipeline with established comparators show 36%-136% improvement in efficacy (based on active controls or previous trials). For approximately half of the products, comparative efficacy cannot be determined because of no previous evidence for a product with efficacy in the targeted indications. **CONCLUSIONS:** BTD is a promising pathway to shorten development time and provides early access, however, the high price could pose challenges for payers and patients.

PHP102

THE VALUE OF OTC MEDICINES IN BRAZILIAN PUBLIC HEALTH SYSTEM (SUS)

Freireira CN, Santana CF, Rufino CS

Pfizer Brasil, São Paulo, Brazil

OBJECTIVES: Demonstrate possible savings by expanding the responsible use of OTCs (over-the-counter or nonprescription drugs) in Brazil in the public perspective. **METHODS:** Measure the volume and medical costs on public health system emergency and usage of OTC medicines. Data were obtained from the DATASUS system (030106006), SIGTAP 3.01.1.1.3, and research CHPA / USA January 2012 and adopted the premise of 10% OTC in the treatment of common diseases (common flu, allergy, and pain), to identify the average ticket cost on OTC consumption were used IMS Health of 2013 data and for absenteeism costs were used the Brazilian Ministry of work and IBGE data. **RESULTS:** It was estimated that 8% (5,101,692) of all emergency attendances in SUS 2013 resulted in prescriptions that exhibited OTC medicines to treat common diseases, at a cost of 56 million, costs related to improductive days at BRL 369 million and expenditure in the acquisition of these